

**WASHINGTON COUNTY
DEPARTMENT OF EDUCATION**

OFFICIAL MONTHLY TRAVEL STATEMENT

DATE	PLACES VISITED ON OFFICIAL BUSINESS	MILEAGE
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		

Total official mileage for month: _____

Amount due @ .47 per mile: _____

I certify that the above is a correct statement of my official mileage covered by
this report for the month of: _____

Employee _____ Position _____ Date _____

Supervisor: _____ Date: _____

Superintendent: _____ Date: _____